US Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From 1 File Number ID 2	E CLUS OF	
A Name and address of person filing Name Stephan E Kaak Labor Organization File Number and address of labor organization Name UA Plumbers Local 63 Labor Organization File Number (033 178) P O Box Bidg Room No if any Street 5104 Greenindge Ct City Peonia State IIL ZIP Code + 4 [61615] State IIL ZIP Code + 4 [61615] State III. ZIP Code + 4 [61611] Fresident Enter appropriate data below if during the past fiscal year you or your spouse or manor shift directly or indirectly had any of the following interests: '(except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monoretary value from an employer whose employees your organization represents or its actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any 7 a Nature of Interest Transaction or Income 15 Signature and verification The undersigned declares under pasity of Persury and visite applicable penalties of the lisw that all 87 the information submitted in this report (including the information contained in any addressing documents) has been examined by the signatory and is to the best of the undersigned knowledge and based the correct and complete (Set by exection on penalties in the instructions) Signed On 8/3/05 — (309) 692 1544	1 File Number U 8687	2 Fiscal Year Covered From
Name Stephan E Kaak Name UA Plumbers Local 63 Labor Organization File Number 033 178		07 / 01 / 2004 Through 06 / 30 / 2005
Labor Organization File Number 033 178 P O Box Bildg Room No if any Street 5104 Greenridge Ct City Peoria State IIL 2IP Code + 4 61615 State IIL 2IP Code + 4 61611 5 Position in labor organization President President President A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bildg Room No if any To Amount. Street 15 Signature and verification. The undersigned declares under positive of Penny and other applicable penalties of the fath that all 8fths information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned is knowledge and pelalature correct, and complete (see the section on penalties in the instructions) Signed Labor Organization File Number (033 178 P O Box Bildg Room No if any To Amount. Street 15 Signature and verification. The undersigned declares under positive of Penny and other applicable penalties of the faw that all 8fths information submitted in this report (including the information contained in any accompanying documents) has not the instructions (100 90 92 1544 On 8/3/05 (309) 692 1544	3 Name and address of person filing	4 Name file number and address of labor organization
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Date - Telephone Number	Signed Signed	
Form LM 30 (2003)	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Name of Person Filing Stephan E Kaak	File Number U 033 178	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any) ** 1	9 Business deals with	
Name	a Labor Organization	
Trade Name if any	b Trust	
PO Box Bidg Room No if any	c Employer	
Street		
State ZIP Code + 4		
	1 1 a Nature of such dealing	
10 If 9 b or 9 c is checked give trust or employees name Name Plumbers Local 63 Education Trust	Reimbursement for attending Instructor Training Program in Ann Arbor MI	
Trade Name if any	August 2004 Mileage \$337 50	
P O Box, Bidg Room No if any Room 108	Per Diem \$525 00	
Street 400 NE Jefferson St		
City Peoria	1 II b Approximate dollar value of such dealing \$862.50	
State IL ZiP Code + 4 61603		
	12 b Amount.	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name if any		
P O Box, Bidg Room No if any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	